

F19000002796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

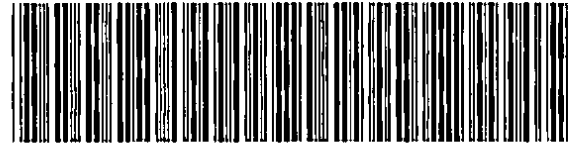
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000049259

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SCOTT

JUN 18 2019





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2019

AMBER HANEY  
490 ARSENAL WAY  
SUITE:120  
WATERTOWN, MA 02472

SUBJECT: KALA PHARMACEUTICALS, INC.  
Ref. Number: W19000049259

We have received your document for KALA PHARMACEUTICALS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott  
Document Specialist II

Letter Number: 519A00010209

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kala Pharmaceuticals Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Amber Haney  
Name of Person

Kala Pharmaceuticals Inc  
Firm/Company

490 Arsenal Way Suite 120  
Address

Watertown, MA 02472  
City/State and Zip code

amber.haney@kalark.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Haney at ( 781 ) 996-5830  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Kala Pharmaceuticals, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 7/7/2009

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 490 Arsenal Way Suite 120 Watertown, MA 02442

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Billy Baker

Office Address: 1616 Stonewood Ct.

St. Augustine

(City)

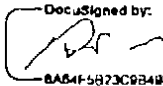
, Florida

32092

(Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

DocuSigned by:  
  
8A54F5B73C9B493...

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Mark Iwicki

Address: 120 Dover Rd

Wellesley, MA 02482

Vice President: Todd Bazemore

Address: 63 Haver Rd.

Carlisle, MA 01741

Secretary: \_\_\_\_\_

Address: Attached Addendum

Treasurer: with list of corporate

Address: officers

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Mary Reumuth Chief Financial Officer

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

## Addendum to the Application by Foreign Corporation for Authorization to Transact Business in Florida

### List of Corporate Officers

Name & Title	Address
Mark Iwicki, <i>Chief Executive Officer</i>	120 Dover Rd. Wellesley, MA 02482
Todd Bazemore, <i>Chief Operations Officer</i>	63 Hanover Rd. Carlisle, MA 01741
Mary Reumuth, <i>Chief Financial Officer</i>	50 West Broadway Apt 205 South Boston, MA 02127
Eric Trachtenberg, <i>General Counsel &amp; Chief Compliance Officer</i>	150 Tudor Rd. Needham, MA 02492

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KALA PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.


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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202706552

Date: 04-25-19